

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Number of copies of CRF:: 0
Title:: METHODS FOR EASING PAIN AND
ANXIETY FROM ATRIAL OR
VENTRICULAR DEFIBRILLATION
Attorney Docket Number:: AGALIN 3.0-003 II
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 48
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Royce
Middle Name:: S.
Family Name:: Fishman
City of Residence:: Hernando

State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: 906 W. Skyview Crossing Drive
City of mailing address:: Hernando
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 34442

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: R.
Family Name:: Ujhelyi
City of Residence:: Maple Grove
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 9317 Tewsbury Gate N.
City of mailing address:: Maple Grove
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55311

Correspondence Information

Correspondence Customer Number:: 000530

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/404,830	08/20/02

Assignee Information

Assignee name:: AGA Linde Healthcare
Street of mailing address:: SE-181 81
City of mailing address:: Lidingo
Country of mailing address:: Sweden